

City of Lansing Street/Block Closure Request Form

Virg Bernero Mayor of Lansing

	Date of Request		
Street(s):	G TT'	D 100	
Date(s):			
Purpose:			
Organizer:			
Representing			
Address			
Telephone #	On-site/Cellular	r #	
Fax:	E-mail:		
Will a CATA Bus Route be impacted. The above request has been circulated requested to be closed. Their signature	to at least 50% of the re	esidences and or businesses on the street(s)	
*Please note: One lane of closed area	a must remain open fo	or emergency vehicles	
Post date forwarded to, if necessary,	to the following depar	rtments:	
Lansing Police Department			
Transportation			
Parks & Recreation			

Send Completed Request Two Weeks Prior to Event To:
Public Service Department
124 W. Michigan Avenue, 7th Floor - Lansing, MI 48933
Phone: (517) 483-4455 - Fax: (517) 483-6082

publicservice@ci.lansing.mi.us

Business and Resident Signature Approval for Street/Block Closure

Ve, the undersig	ned, do hereby approve of	prove of		
losed on	from	and to	oenig	
NAME	ADDRESS	TELEPHONE	DATE	